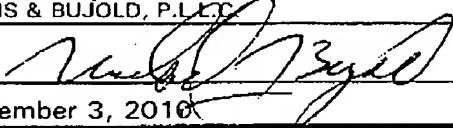
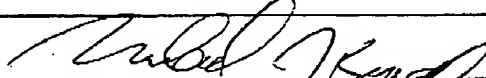


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/583,912
	Confirmation Number	
	Filing Date	with an effective filing date of December 22, 2004
	First Named Inventor	Jean-Claude HEITZLER, Christian MULLER and Jean-Louis DUPIN
	Group Art Unit	3744
	Examiner Name	Ljiljana V. CIRIC Fax: (571) 273-8300
Total No. of Pages in this Submission: 3	Attorney Docket Number	NITROF P66AUS
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form ..... <input type="checkbox"/> (in Duplicate) <input type="checkbox"/> Fee attached - Check \$ <input checked="" type="checkbox"/> Amendment/Response ..... [2] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request ..... <input type="checkbox"/> (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt ..... <input type="checkbox"/> <input type="checkbox"/> Certified Copy of Priority ..... <input type="checkbox"/> Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application ..... <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers ..... <input type="checkbox"/> (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) .. <input type="checkbox"/> Replacement Sheet(s) .. <input type="checkbox"/> New Sheet(s) ..... <input type="checkbox"/> <input type="checkbox"/> Licensing-related Papers ..... <input type="checkbox"/> <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition .. <input type="checkbox"/> <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> <input type="checkbox"/> Terminal Disclaimer ..... <input type="checkbox"/> <input type="checkbox"/> Small Entity Statement ..... <input type="checkbox"/> <input type="checkbox"/> Request for Refund ..... <input type="checkbox"/>	<input type="checkbox"/> After Allowance Communication to Group ..... <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences .. <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> <input type="checkbox"/> Proprietary Information ..... <input type="checkbox"/> <input type="checkbox"/> Status Letter ..... <input type="checkbox"/> <input type="checkbox"/> Additional Enclosure(s) (please identify below): ..... <input type="checkbox"/>
REMARKS		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	December 3, 2010	
CERTIFICATE OF TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on December 3, 2010		
Signature		Date: December 3, 2010 (slm)